TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I reside at 4800 4111 5416	ame of circulator)	>	
·	elator's residence - include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

ure of circulator)

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis, State This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <u>http://gab.wi.gov</u>.com/i); gab@iwi.gov

www.RecallWirch.com - RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

fofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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district represented to opposite his or her n	by the officeholder named in tame. I know their respective	his petition. I know that each	person signed the paper with f	that the signers are electors of the jurisdiction in the date indicated the state of the content on the date indicated the state of the	ated
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GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8-40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov email: gab@wi.gov

WWW

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



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I personally circulated this recall petition and person			of the jurisdiction or

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

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(date)

Please mail this form to:

Recall Wirch

GAB-170 (Rec. 6-2007) The information on this form is required by \$\$.8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

Page No. 903

Page No. 903

Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabil	ity Board	Was in Class	OPEN
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We, the undersigned qualified electors of the $\frac{2}{6}$	jurisdiction or district of officeholder)	· Vitami	MISSING
petition for the recall of Robert Wirch 2	2nd District State Senate of Wiscond (name of officebooker to be recalled and office)	oiu	
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
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Refusing to represent the citizens of Wi	<u>sconsin 22nd State Senate District i</u>	n Madison.	
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·	culator's residence - include number, street, and municipality)		
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opposite his or her name. I know their respective re	sidences given. I support this recall petition. I a	m aware that falsifying this certificati	on is punishable under
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	se mail this form to: Recall \	l Page	No. 004
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and This form is prescribed by the Government Accountability Board, P.O. Box 7784, 608-266-8005, http://ephysicon.com/article/misgov	9.10. Wis. Stats. Madison, WI 53707-7984 Www.RecallWirch.com • F	Lake, WI 53170	404

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Recall Wirch GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, Wi. 53707-7984
608-266-8005, http://gah.wii.gov email: gab@wi.gov

W P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabil	RECALL PETITION		OPEN
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Refusing to represent the citizens of Wis	oconsin 22 nd State Senate District	in Madison.	RecallWirch@gmail.com
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I, BILLY H, CAMERON (name of the state of t	Certification of Circulator me of circulator) KENDSHH W: 5 mor's residence - include number, street, and municipality)		y:

Please mail this form to: Recall Wirch GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 P.O. Box 26 • Silver Lake, WI 53170

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.cov/consil: gab@wl.gov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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I. Pamela Studialia Certifican	tion of Circulator
(name of circulator)	, certify:
I reside at 1421 - 24th St	
(circulator's residence - include	number, street, and municipality)
district represented by the officeholder named in this petition. I know that	f the signatures on this paper. I know that the signers are electors of the jurisdiction or at each person signed the paper with full knowledge of its content on the date indicated
opposite his or her name. I know their respective residences given. I supp	ort this recall petition. I am aware that falsifying this certification is punishable under
§.12.13(3)(a), Wis. Stats. 3 12.11	Famula Studiaun
(date)	(signature of circulator)

Recall Wirch GAB-170 (Rev.6/2007) The information on this form is required by \$§: 8.40 and 9.10; Wis: Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gah.wi.cov email; gab@wi.gov

Please mail this form to:

Page No. 📿

TO: Wisconsin Government Accountability Board

fofficial with whom pomination papers or declaration of candidacy for the office is tiled)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMEN'T OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, tegislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE NAME O	IG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	310(3)(4)
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1 reside at 5315 70th 5t.	Kenasha		
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l personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resistance, which is the state of the s	s petition. I know that each person idences given. I support this recal	n signed the paper with full knowledge.	of its content on the date indicated
Please	e mail this form to:	Recall Wirch	Page No. 909
GAB-170 (Rev. 6/2007) The information on this feets to required by §5, 8.40 and 9.	10, Wo. State P.O. Box 2	2 <u>6 • Silver Lake, WI 53170</u>	138611111 108

GAB-170 (New ACCOUNT) The information on this form is propied by §5. 8.40 and 9.10, Wis. State.

P.O. Box 26 • Silver Lake, WI 53170

This form is prescribed by the Government Accountability Floord, P.O. Hest 7984, Madison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed) OPEN We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder) petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF Rural address must also include box or fire no. Indicate Town, City, or Village SIGNING □ Town Village ☐ Town ☐ City □ Town □ Village ☐ City C Town □ Village ☐ City C) Town □ Village □ City 6. El Town □ Village □ City 7. **Ω** Town □ Village □ City 8. □ Town □ Village ☐ City 9. ☐ Town □ Village □ City 10 □ Town □ Village KEVIN Piela **Certification of Circulator** (circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov email: gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

(date)

Page No. 9001

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 2

§.12.13(3)(a), Wis. Stats.

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



Page No._O_|

SIGNATURES OF ELECTORS	OF THE MUNICIPALITY OF RESIDENCE MUS STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEO
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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Please mail this form to:

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sand & Awensus	5105-18 8 SF. KENDSHA, W. 53144	Town Utillage City Somers	2/28/11
2. Sach Shih	7940 30th Ave Kenosha, WI 53142	□ Town □ Village Kenosha vicity	3.1/.11
3. Laura Delish	7940 30th Ave Kerosha, WI 53142	O Town O yillage Kenasha Micity	3/11/1)
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6. Terry MAACK	950 Green BAYLd Kenosha	ovillage Somers	3 .11.10
7. Lee Maack	950 Greenbay Rd Kerosha, Wi	Stown U Village City Somers	3-11-1/
8. Katty Lett	5337 432 St. Kevesya, Wi.	□ Town □ Village <i>LCNOSIA P</i> QCity:	3-11.11
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	า		Certification	n of Circu	llator		
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I reside at	5105-1		(name of circulator) Kenosha	WI			
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please_mail_this_form_to:

Recall-Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
1. Shoff Ends	Rural address must also include box or fire no. 11303 3 PD AVE. Pleasant Prairie, WI	Indicate Town, City, or Village Town Village PLCAS ANT Prourie City	3/8/11
2. Carle Bring	7724 17th AIR Kenosha Wi	O Village Kenosha	3/9/11
3. Daniel Leseman	7715:12+115hert Somers WI 53171	ATOWN U Village SOMUS UCity	3/11/11
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Certification of Circulator	_, certify:
I reside at 1715 - 12th Stoot Somers, W2 53171 (circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this resall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall-Wirch

o: Wisconsin Government Accountabili	RECALL PETITION by Board		OPEN
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e reason for recall must be stated on petitions for c official responsibilities of the officeholder. No sta islative, judicial, or county officials.)	tement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RecallWirch.com RecallWirch@gmall.com
<u>fusing to represent the citizens of Wis</u>	consin 22 rd State Senate District i	<u>н Madison.</u>	
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eside at	ator's residence - include number, street, and numicipality)	sho, WI.	·
ersonally circulated this recall petition and persona trict represented by the officeholder named in this posite his or her name. I know their respective residents.	petition. I know that each person signed the p	aper with full knowledge of its content o	n the date indicated

3/12/2011 (signature of circulator) Please mail this form to: Recall Wirch

GAB-134 (Rev. & 2007). The information on his form is required by SS, 4,40 and 9,10, Wis. Suis. This form is prescribed by the Generation Accommobility Board, P.D. Univ. 2804, Madison, WI 53207-7884. 608-286-8015, <u>Imp. 19th wings.</u> condit galafy to go. P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

	RECALL PETITION	_	
ro: Wiscousin Government Accounta	dility Boatd with whom nomination papers or declaration of condidacy for the	office is filed)	OPEN
			Milk
We, the undersigned qualified electors of the	e 22 nd Wioconoin State Senate District (jurisdiction or district of officeholder)	Vitanin	MISSING
petition for the recall of Robert Winch	22 rd District State Senate of Wiscon (name of afficeholder to be recalled and office)	oin	
from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes. 6	
	STATEMENT OF REASON FOR RI	ECALL	Have you seen tho?
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<u>Refusing to represent the citizens of </u>	Wisconsin 22 ^d State Senate District i	it Madison.	
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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" / by free	Kenusha W/ 53/42	DVIllage Kenosha	2/5/11
DI ON	4040 Washington Rd	U Village Kenosha U Town U Village Kenosha	3/2/2011
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date)	/	(signature of circulator)	
	ease mail this form to: Recall	Wirch	NO 0111

GAB-110 (Rev. 6-2001) The intermation on this form is required by \$5, 8-30 and 9-10. Wis. Stab.

P.O. Box 26 • Silver Lake, WI 53170
This form is prescribed by the Conventional Accountability Read, P.O. Box 1984, Madisson, WI 13191-1984
WWW.RecallWirch.com • RecallWirch.@gmail.com

Recall Wirch

Page No. O

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT SI ALWAYS BE LISTED.	UFFICIENT.
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	Certification of	Circulator
1. JOSEPH	MAJEWSKI	, centify:
I reside at	(name of circulator) 13/CNC MAN (circulator's residence - include number, stree	et, and municipality)
	a way I waster at the circumstance of the circ	sturge on this paper. I know that the signers are electors of the jurisdiction of

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/cmail: gab@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	T
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, of Ville	DATE OF SIGNING
1. Kayla Threlkeld	Kenosna, WI 53142	D Town D Village Excity KENOSHA	Feb, 27, 21
2. Nic Purtee	6610 30th Lue Nenosha, WI- 53142	D Town Clip Kenoshn	Feb. 27 20
3. January Bell	TOURS WI BAMA	Town TRESON	2-27-11
4. Km Wesima	1368 Ind Triple	Styllage BRISTOL	2-27-11
5. prise Horry	1808-824 St 1808-824 St	D Town D Village D City READSha	3/2/11
6.10-4-16	1180 Pitale Beach Ct Two Lakes WI 53181	TOWN TWIN WAKES	3-2-11
7. Nicoleta Purtee	Kenosle WI,	ortown Utillage City Selem	3-2-
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MICHAEL	Purter Certification of Circulator	, certify:
I reside at 8205-23		: 53168
Treside at	sidence - include number, street, and municipality)	

I pers distri oppo:

Michael J Purtee 8205 235th Ave Salem WI 53168-9414

n. I know that each person signed the paper with full knowledge of its content on the date indicated resources given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

3/8/11

(signature of circulator)

Please mail this form to:

Recall_Wirch_

D: Wisconsin Government Accountabi (official with	whom nomination papers or declaration of candidacy for the	office is (iled)	OPEN
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	(jurisdiction or district of officeholder)	Vilanin	MISSIN
tition for the recall of Robert Wirch 2	2 District State Senate of Wiscon (name of office)	win	MISSIL
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	STATEMENT OF REASON FOR RI		
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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NCIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
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Darrin Hull	23705 112th Street	Town	- DIGITAL C
Danin Hall	Trevor W. 53179	□ Village	3-10-11
, Kathleen Hull	23705.112th St.	City 99 1EM	
Kathlen H. De		□ Village	3-11-11
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ide al <u>23705 - 112th</u> S	Street Trevor, WI5 alor's residence - include number, street, and municipality)	3179 Township of S	alem_
feitanle			

(date)

Please mail this form to: Recall Wirch

CAB-170 (Rev. 6/2007) The information on this form is required by \$\$. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Beard, P.O. Box -7984, Madiscen, WI-33707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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1, Heather M. Godwin Certification of Circulator	, certify:
1 reside at 1861 Sunset by (name accirculator) 3 Ke5 W1 53181 (circulator's residence - include number, street, and municipality)	
1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the si district represented by the officeholder named in this petition. I know that each person signed the paper with full knowled opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that an air sifying	dge of its content on the date indicate

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

-Recall-Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

SIGNATURES OF ELECTORS

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

26029

26029

Rehusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



DATE OF

SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

Salem

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1, <u>Sandra</u> J S. I reside al 26029 100th S	Certification of Circu chmidt (name of circulator) thin Salem	lator	, certify:
	circulator's residence - include number, street, and munici	pality)	 ,
I personally circulated this recall petition and perdistrict represented by the officeholder named in opposite his or her name. I know their respective (§.12.13(3)(a), Wis. Stats.	this petition. I know that each person signed residences given. I support this recall petition	I the paper with full knowledge of n. I am aware that falsifying this continued to the continued of the cont	f its content on the date indicated
GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 an This form is prescribed by the Government Accountability Board, P.O. Box 798 608-266-8005, http://gab.wi.pox.com/il/gab@wi.gos	H. 9.10, Wis. State. 4, Madrison, Wi. 53707.7984 P.O. Box 26 • SI	all Wirch Ilver Lake, WI 53170 ı • RecallWirch@gmail.com	Page No. 9 9

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22^d Wisconsin State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

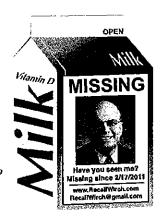
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUST THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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I,	orz Kryca	Certification of Circulato	r , certify:
I reside at 9429	(na	me of circulator) KENOSHA, W1 53142	
		ator's residence - include number, street, and municipality)	
I personally circulated th	is recall petition and person	ally obtained each of the signatures on this pape	er. I know that the signers are electors of the jurisdiction

1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

(signature of efficulator)
Recall Wirch

P.O. Box-26 • Silver Lake, WI-53170

Page No. 97()

TO: Wisconsin Government Accountal	hilitu Baoud
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tofficial us	The selection of the se

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUS	NICIPALITY OF RESIDENCE, IS NOT S	HERICIENT	
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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	tification of Circulator
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district represented by the officeholder named in this petition. I	ed each of the signatures on this paper. I know that the signers are electors of the jurisdiction of know that each person signed the paper with full knowledge of its content on the date indicated en. I support this recall petition. I am aware that falsifying this certification is punishable under
3 12/11 (date)	Kout Illus (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.- O

0: Wisconsin Government Accountal	RECALL PETITION uilitu Board		OPEN
(official wi	th whom nomination papers or declaration of candidacy for the o		Milk
o, the undersigned quanties electers of the	(jurisdiction or district of officeholder)	Vitamin D	MISSING
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e official responsibilities of the officeholder. No gislative, judicial, or county officials.)	STATEMENT OF REASON FOR RE for city, village, town, and school district officials. I o statement of reason is required to Initiate the reco Viscousin 22 rd State Senate District in	The reason must be related to all of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RecallWirch.com RecallWirch.@gmail.com
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	NG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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strict represented by the officeholder named in	sonally obtained each of the signatures on this pa this petition. I know that each person signed the p residences given. I support this recall petition. I an	paper with full knowledge of its content	on the date indicated

-Recall-Wirch Please mail this form to: P.O. Box 26 • Silver Lake, WI 53170

§.12.13(3)(a), Wis. Stats.

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	RECAŁL PETITIO	J
TO: <u>Wiocoноін Goverнment</u>	Accountability Board	

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder)

224 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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1, Rebecca Me	Certification of Circulato)r , certi	fu
I reside at 24927 11377	(name of circulator) Street Trexat W.	Salem Township	
	(circulator's residence - include number, street, and municipality)	,	
district represented by the officeholder hame-	personally obtained each of the signatures on this paped in this petition. I know that each person signed the petition is a support this recall petition. I am	aver with full knowledge of its content	on the date indicate

§.12.13(3)(a), Wis. Stats. (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison



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I reside at 127206 10151 STREET, TREVOR, WI 53179-9612 SALI (circulator's residence - include number, street, and municipality)	em

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall potition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

Page No.

(signature of circulator)

TO:	Wiscousia	Ganonumout	Accountability	Board
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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 Dis

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22dd Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SU	IFFICIENT.
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I reside at
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
(date) Please mail this form to: Recall Wirch GAB-170 (Rev. 6/2007) The information on this form is required by \$5, 8-40 and 9.10. Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170
688-266-8005, http://go.hui.gov.cmail.gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
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4. Roger J. Jario	Kenska Win 531/2	Drown Drifts Drifty	37/11		
5. Haren Matteucci	3404 88 PL Kanssly WI 53142	Town Village Kenasha	3/7/11		
6. Dorother (Treduns)	5219-65 th Place Kensky WI, 53,42	Town Unlage Kensha	3-9-11		
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9. Kathryn Nelson	5200 - 844 St Kunosha WI 5314L	Town Village Kenasha	3 13 11		
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	(circulator's residence	e - include number, street, an	d municipality) Vice age	gPl. Praine	<u>-)</u>	
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	Please-mail-th	is-torm-to://	Recall Wirch		M	l —

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/email: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

GAB-170 (Rev.62007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22" District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please-mail-this-form-to:-

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

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	Milk
Vitamin D	MISSING
11	
7	Have you seen me? Missing since 2/17/2011
	www.RecallWirch.com RecallWirch@gmail.com

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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(circu	ilator's residence - include number, street, and municipality)	10	LEASANT PR
rsonally circulated this recall petition and person rict represented by the officeholder named in this	rany obtained each of the signatures on this pa	per. I know that the signers are electors namer with full knowledge of its content	on the date indicated
acite his as her name. I know their respective res	idences given. I support this recall petition. I a	m aware that falsifying this certification i	s nunishable under

-Recall-Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

22nd District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Karen P. Falkenstern	5315-184551 Kenusha WI 53144	営Town Somers □ Village □ City	3/3/11
2. Tonavan Gainer	1815 3414 ST. KENOHA WI 53140	BHTOWN /4E/NOSHA Village Dicity	3/3/11
3. Mucholle Schonseheck	2207 Sheridan Rd Kenosha WI 53140	Town Kenoshe	3/4/11
4.	969 Wood Rd, Apt. 208 Lenosha, WI 53/44	□ Trown Sin // S □ Village □ City	03/04/11
5. Pa Man	3119-55th CT. H4L Kenishi WI 5344	Town Village Kenoska	3/6/11
6. Elise Mosen	7823-39 16 Ave.	Town Jenosha	3-6-11
1. fullify	12345 857 Ave- Pleasant point Let 53168	Town Decile Darre	3-6-11
8. A. A. O. M. Jesson V	5810-39TH AUE KENOSHA WI 53144	Town Village City KENOSHA	3-10-11
9. / aredu Morias	7823 39 Ave.	Town Village Proity Kenosha	3-11-11
10. Patrick C. Moran	7823 39th AUN KENOSAN, W153142	O Town Village City CNOSha	3-11-1
	C. A.C. Alexander		

1 1001	
J. Anever Moran Certification of Circulator	, certify:
I reside at 7823 39th Ave Kenoska, Wisconsin leiteulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full know opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying	ledge of its content on the date matcate

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

TO: <u>Wisconsin Government Accountabi</u>	lity Board whom nomination papers or declaration of candidacy for the o	affica is film()	OPEN
			Milk
We, the undersigned qualified electors of the ${f \underline{\it 2}}$	(jurisdiction or district of officeholder)	Vitamin	MISSING
petition for the recall of Robert Wirch 2		oin	
from office pursuant to Article XIII, Section 1			
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s	STATEMENT OF REASON FOR RI city, village, town, and school district officials. ' statement of reason is required to initiate the rec	The reason must be related to	Have you seen me? Missing since 2/17/2011 www.RecaffYirch.com RecaffYirch@gmafi.com
tegistative, judicial, or county officials.) Rehusing to represent the citizens of W	iscousiu 92ª State Souate District i	u Madisou.	
Keplioting to represent the citizens of to	William Carro D.		
THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUS IF THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT F ALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTIONS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Henry H. Kam	10626 67 EP	Town Village Kanasha	3-9-11
2 4	10626 67 4h PL	Town Uvillage Review Review	
"Chis Clante	KENOSHA	Village KENOSHA	3/09/11
3.		☐ Town ☐ Village ☐ City	
		□ Town	
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5.		─ □ Village □ Cily	
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		C) Town	
9.		☐ Village ☐ City	
10		D Town	
10.		─ ☐ Village ☐ City	
1. I Anever Moran 1 reside at 7823 39 b Ave,	Certification of Circulat		tify:
To also	(name of circulator)		
1 reside at 1823 39 Ave, 10	Kenosha, Wisconsin)	·
I personally circulated this recall petition and per- district represented by the officeholder named in			
district represented by the officeholder named in a opposite his or her name. I know their respective to	residences given. I support this recall petition. I to	am awaic that falsifying this certification	n is punishable under
§.12.13(3)(a), Wis. Stats. 3/12/11	Alhere	r/han_	
(date)	ase mail this form to:	(signature of circulator) Wirch	. 01
	Tecali	Page	No. 930-

GAB-170 (Rev. 6-2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170
This form is prescribed by the Government Accountability Board, P.O. Itov 7984, Madison, WI 53707-7984

Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senale District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)





ł	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		JFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Ruml address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Long John	11206 FOX PIVER RD	©CTOWN U Village SALCIM UCity	3/10/11
2.	PO BOX 231 11330 308TH AVE	DATOWN U Village City SALEM	3/10/11
3. alinguettos	PO BOX 231 11330 308TO AUE.	gi Town U Village U City SACEM	3-10-1)
4. Coy Hear	1612 Musia Rd. Twin Lakes	XI Town CI Village City Twin Lakes	3-11-11
5. Cam. Hu	1612 Musial Rd Two Lakes	Decrown Uvillage Twin Lakes	3-11-11
Sharing I Lexito	11828 335 d Ave Turinlakes, WI 53181	SETOWN RANDALC City	3-12-11
7. W/m/	11828 3335 Aug.	D City RANDU	3-12-11
8.		□ Town □ Village □ City	,
9,		□ Town □ Village □ City	
10.		□ Town □ Village □ City	,

	City City		
, Christine Johnson	tion of Circulator		
1, Christine Johnson		, certify:	
1 reside at 11206 FoxRiver Road	Wilmot Wi.	Salem	
	number, street, and municipality)		
I personally circulated this recall petition and personally obtained each o district represented by the officeholder named in this petition. I know the opposite his or her name. I know their respective residences given. I supp	at each person signed the paper with ful	I knowledge of its content on th	ne date indicated

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 93

(date)

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accounts	RECALL PETITION		OPEN
(official v	with whom nomination papers or declaration of candidacy for the	office is filed)	
We, the undersigned qualified electors of the	e 22 ^d Wisconsin State Senate District	<u> </u>	Milk
and the state of	(jurisdiction or district of officeholder)	Vitamin E	MISSING
petition for the recall of Kouput Wirch	22d District State Senate of Wiscon (name of officeholder to be recalled and office)	<u>ou</u>	
from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
	STATEMENT OF REASON FOR RI	ECALL	
	for city, village, town, and school district officials. No statement of reason is required to initiate the rec		Have you seen me? Missing since 2/17/2011 WWW.RecallWirch.com RecallWirch@gmail.com
<u>Rehusing to represent the citizens of l</u>	<u>Wisconsin 22nd State Senate District i</u>	n Madison.	
		·····	
	·		
	ING PURPOSES, WHEN DIFFERENT THAN MUN E OF THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Doanna Zovar	28414 69th PI	Town Village CO 1000	3/10/11
Lilanna 3000	5alem wz 53168	a city Jacky	10/11
2.500H 200ar	28414 69th P1	Village Color	13/16/1
Sout gern	Salem WZ 53168	Town	
3.		☐ Village	
4		☐ City	
4.		☐ Village ☐ City	
5.		□ Town	
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7.		☑ Town ☑ Village	
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9.		☐ Town ☐ Village	
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10.		□ Town □ Village	
		City	
<u>, Doanna Zou</u>	Certification of Circulate	D r , certi	îy:
I reside at <u>28414</u> 6941	name of circulator) Place Sclery	1 WI 5316	<u>8c</u>
	(circulator's residence - include number, street, and municipality)		
personally circulated this recall petition and pe	rsonally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction or

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
668:266-8005, http://gab.nis.gov_email: gab@wisgov_ P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountable			OPEN
(officia) with We, the undersigned qualified electors of the	n whom numination papers or declaration of candidacy for the	/ W	JIIM
-	(jurisdiction or district of officeholder)	Vitanin I	MISSING
petition for the recall of Robert Wirch	22 ⁴ District State Senate of Wiscon	usin 🔪	WIISSING
from office pursuant to Article XIII, Section 1	-	of the Wisconsin Statutes.	
	STATEMENT OF REASON FOR R	ECALL	
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No . legislative, Judicial, or county officials.)	r city, village, town, and school district officials. statement of reason is required to initiate the re	The reason must be related to call of state, congressional,	Have you seen me? Missing since 2/17/201 www.RecallVirch.com RecallWirch@gmail.com
Refusing to represent the citizens of W	isconsin 22 ⁴ State Senate District	in Madison.	
			
THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUI	NICIPALITY OF PESIDENCE, IS NOT	SHEELCHENT
THE NAME O	F THE MUNICIPALITY OF RESIDENCE MUS	FALWAYS BE LISTED.	orricient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
Tignine Descript	9300 60 th 57.	Indicate Town, City, or Village Town Village City Conosher	13mar 11
2. Debryway	9300 67454.	Town Uvillage Renosher	13mm211
3.		☐ Town ☐ Village ☐ City	
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10.		☐ Town ☐ Village ☐ City	
	Certification of Circulate		y:

7-1 (Certification of Circulate	or
1, Debra J Wagner		, certify:
1 reside at 9300 67% (name of ci	reulator) Kenosha	WI 53/42
(circulator's re	sidence - include number, street, and manicipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 53707-7984
608-266-8005. http://gob.wi.gov.email: gab@wisgov.

-www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(afficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	I CIPALITY OF RESIDEN CE, IS NOT SU ALWAYS BE LISTED.	FFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Them M Denne	12104 219TH AVE	D'Ilage SALEM WI	3-4-11
2 John M. Bredican	12105 219th ane.	Village Selem WI.	3-4-11
Thorosal Bradican	12105 219th Club.	U village Salem Wi	3-411
Marianul Dannis	12104 219th Am	Ochy Salem Wi.	3-4-11
Sotula Vary bowslin	21818 121st Place	O rown O Village Salen WI	3-5-11
67111	218-18 121 ST	National SALUM WI	3-6-11
Mexin Body	218/8/2/58	orown Orillage City City Control City Control Contro	3611
" Stayler Polocycle	21808121511	O town O tilage O City	37.11
2. Ymittenyh	21922 1215T SL	ortown Village Salenu	3-10-11
10.		□ Town □ Village □ City	
Thomas MI	Certification of Circulate	Dr , cenify	<i>r</i> :
Treside at 12104 21	g ANE BRISTOR	W1 53/04	·
(circu	dator's residence - include number, street, and municipality)		

l. <i>i</i>	116MAS 1	1 1)ENNIS			, certify	':
reside at	12104	219 AVE	BRISTOL	ω_{l}	53104	
11c. nie iii _		(circulator's residence - include nut	nber, street, and municipality)			
district repre apposite his	semed by the officeholder.	on and personally obtained each of t named in this petition. I know that of respective residences given. I support	each person signed the par	per with full ki	nowledge of its content o	on the date indicated
	(date)		- / 7	(signature of circu	lator)	
		Please mail this form to	riocan in		Page No.	9211
			~ ~ ~ ~ ~			

AMELY (1983) The information on this form is required by §6, \$40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver-Lake, WL-53.170
The first is pre-unified by the thin emissed Accountability Hoard, P.O. Box 2984, Madrison, WL 53207-7984
ress 200 5015, [170 - 10 frag. 2007] entablish glob gives governed by the first pre-unified by the thin emissed Accountability Hoard, P.O. Box 26 • Silver-Lake, WL-53.170
www.RecallWirch.com • RecallWirch@gmail.com

	RECALL PETITION
TO: Wisconsin Government Accounts	bility Board
(official v	with whom nomination papers or declaration of candidacy for the office is filed)
We, the undersigned qualified electors of the	224 Wisconsin State Senate District
	(jurisdiction or district of officeholder)
netition for the recall of Robott Minch	22d District State Sounds of Illiscousin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



SIGNATURES OF ELECTORS	E OF THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATIONES OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Andling & Duran	2501 5 BREWASS LAKE Dr	(Titana)	MAR 11, '1
Caulell maco	Bullington 53105 2501 S. Brown's Lkely Bullington W.	a Village Burlington Town United Burlington Excited Burlington	MARII, '11
i.	/	□ Town □ Village □ City	
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).		☐ Town ☐ Village ☐ City	
0.		☐ Town ☐ Village ☐ City	
ANTHONY J. Dom	Certification of Circulate An (and formulator) Lace Dr. Burling formulatory (circulator's residence - include number, street, and municipality))r , certif	v:

· · · · · / ¥ ///	1 /10/44	V 2	PHHATECO					, certify.		
	,		(name of cir	culator)						
I reside at _	2501 5	Brow	NIS LAILE	Dr. 1	Purlime ton					
			(circulator's res	idence - include	number, street, and municipali	ty)				
district repres	sented by the of or her name, 1 k , Wis. Stats.	ficeholder nan	ned in this petitio ective residences	n. I know th	of the signatures on this at each person signed the port this recall petition.	e paper wit I am aware	h full knowledge of it	s content on tification is p	the date indicated	
	(da	ife)				(signatu	re of circulator)			
			Please mail	this form	to: Recal	Wirch		Page No.	025	

GAB-170 (Rev. 6:2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 50707-7984 668-266-8005, https://doi.org/10.1007/j.new.com/ email: gaboj wi gov P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

— · ,
MISSIN
MISSILL
Have you seen me? Missing since 2/17/2011 www.RecallWirch.eom RecallWirch@gmall.com
NOT SUPPLICITE PE
NOT SUFFICIENT.
CE DATE OF
e SIGNING
m 3/10/11
m 3/10/11

, certify:
EM
electors of the jurisdiction content on the date indicat
ication is punishable under
936_
Page No.

Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7004, Madison, WI 53707-7984
608-266-8005, https://pab.wisgov email: gab@wisgov

WI

To: Haver ment accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Dox 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov cmail: gab@wi.gov

Please mail this form to:



· ·	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT,
SIGNATURES OF ELECTORS	TURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE		DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Kachlan M Shu	7938-14 Ave Kenosha Wi53143	D TOWN UVIllage Kenosha City	2-28-11
2.	4413 644 AVE Kinoshe WI \$314	D Town D Village Konasha Dercity	2-28-11
3. Claron Lyski	6039 49th Ave. Kenosha, Wi 83142	Town Utilage Kenosha Acity Utilage Kenosha	2/28/11
4 Response Rugher	494 Acu Xemsha, W1 53142	D Village Kenozha	2/28/11
5.		☐ Town☐ Village☐ City	
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10.		□ Town □ Village □ City	
Kathleen M. Sc.	/ Certification of Circulate	or , certif	v:
reside at 7938 – 14 H ve	me of circulator) Lenosher ator's residence - include number, street, and municipality)	Wi 5314	3
personally circulated this recall petition and person strict represented by the officeholder named in this posite his or her name. I know their respective residents (2.13(3)(a), Wis. Stats.	ally obtained each of the signatures on this pap petition. I know that each person signed the p	aper with full knowledge of its content	on the date indicat

(signature of circulator)

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Sacht Bridlena	10822 618+ St.	□ Town □ Yillage Kenasha	3-10-11
Sicord Constitution	<u>Kenosha</u> , WI <u>53/42</u> '	☐ Town	 -
2. Bribare de Stephene	5500 70th Ct. Kinasha, WI 53144	12 Village Kensha	3-10-11
(Totalia) A. Klean,	10828 4151 St. Kenosha 24 53140	Town Village Kenosha	3-10-11
4. (L.B.	10822 619 ST KENOSHA, WI 53142	U Town U yillaga Kenashu Cily	3/13/11
5.		□ Town □ Village □ City	
6.		□ Town □ Village □ City	
7.		□ Town □ Village □ City	
8.		☐ Yown ☐ Vitlage ☐ City	
9.		Cl Town Cl Village Clty	
10.		☐ Town ☐ Village ☐ Cily	

. Surah	Certification of Circulator	, certify:
Treside at 10822 6	1 St St. Kensha, WI 52 (circulator's residence - include number, street, and municipality)	3/42
district represented by the officeholder r	n and personally obtained each of the signatures on this paper named in this petition. I know that each person signed the paper espective residences given. I support this receil petition. I am a	er with full knowledge of its content on the date indicated
(date)		signature of circulator)

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is lifed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
"Theodore & Josephian	12014 182nd Ave. Bristol, W# 53104	RVIllage Bristol	3/10/11
2. Streey & Torefrich	12014 /82nd Ave Bristol, WI 53104	A Village Bristol	3/10/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
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Theodore E. Jozefier Cortification of Circulator	, certify:
reside at 17014 1820 (name of circulator) Bristol, WI 53104	•
(circulator's residence - include number, street, and numicipality)	
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that falsifying this constant is a support this recall petition. I am aware that	its content on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



							
THE MUNICIPALITY USED FOR MAILING THE NAME OF	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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I personally circulated this recall petition and personal district represented by the officeholder named in this opposite his or her name. I know their respective resides, 12.13(3)(a), Wis, Stats.	petition. I know that each person signed the r	oaner with fu	II knowledge	of its content of	n the date indicates

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

gnature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22nd Wisconsiu State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Dis	709 Kennedy Dr.	Town Twin Lakes	03/13/1
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Tim Calling	The Right Are	Drown Drillage iwin Lake.	3/13/4
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side at	name of circulator) Twig Le ulator's residence - include number, street, and municipality)	kes	·
	nally obtained each of the signatures on this par		

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gob.wi.eov emoil: gab@wi.gov

W

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

Page No. O

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22" Wisconsin State Senate District (jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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7. Sharling	1035 Lake AVE TWIN LAKES, WI 53181	Dr.Village Twin lakes	3/13/11
8. Agyn Joumann	Zeven Lokes	Ortown Ovillage Twin LAKES	3/13/11
2. Not Skill	TVIN LAKES	City TUIN LAKES	3/13/11
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1. Tin Siewert	Certification of Circulato	or, certify	·:
I reside at 133 Mueller	me of circulator) SV h lator's residence - include number, street, and municipality)	Lakes	
I personally circulated this recall petition and person	. ,	per. I know that the signers are electors of	of the jurisdiction c

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition, I any aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wis.gov email: gab@wisgov

WI www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Vice Helm	TWIN LAKES WIN S3181	Down Williage Twin Lakes	3-13-11
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Please mail this form to:

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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I reside at <u>238</u>	24 127-	St. Trevo	r, WI	Saleso	2 Townshi	
	(circulate	or's residence - include number, stre	et, and municipality)			T-
district represented by the	s recall petition and personal officeholder named in this p I know their respective reside	etition. I know that each pe	erson signed the paper we call petition. I am awar	vith full knowledge that falsifying this	of its content on the date	indicated
	(date) (mail this form to: ${\cal V}$	Recall Wirch	(ure of circulator)		

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov cmail; gub@wi.gov

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

608-266-8005. <u>http://gah.wi.gov</u> emnil: gab@wi.gov

(name of officeholder to be reculled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUST THE MUNICIPALITY OF RESIDENCE MUST	NICIPALITY OF RESIDENCE, IS NOT S T ALWAYS BE LISTED.	UFFICIENT.
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1. Starey L Seacond-Peters Certification of Circulator	. certify:
I reside at 8716 246th Court, Salem WI 53168	
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers and district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of it opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this cert §.12.13(3)(a), Wis. Stats.	s content on the data indicated
(signature of circulator)	
1 10001 AAIION	
GAB-170 (Rev.6-2007) The information on this form is required by §8, 8.40 and 9,10. Wis. 9ads. This form is prescribed by the Government Accommobility Board, P.O. Box 7984, Mudison, WI 53707-7984 P.O. Box 26 • Silver Lake, WI 53170	Page No. 945

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
'Smoodeb	35120 Chestnut St	UTown Burlinaton Utilage	3/11/11		
2. John C. Jense	31120 Kurchen Rd.	Oxtown Bus/sujtm wf	3/11/11		
3. Ballet	425 STONEWALL CT	Drown BURINGTON, WI	3/11/11		
Helen E. Schul	764 Foxtral as	Drown Beerlangfon. City	3-11-11		
5. belkha	8640 Mc Hany St	a Town Burlington City	3-1/-//		
6. Danil Willey	832 CEDAR DR	U Town Willage BUKKING Tow City	3-11-11		
7. The Deplement	356 Dale Dr	Town Utillage Bulington	3/1///		
8. Dan M. My	21410 15 1 557	(SKTOWN) Urillage PARTS Ucity	3/11/11		
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von 2 0 oak	, tally	Ditter again	
mark A. Storent	Certification of Circulator	, certify:	
I reside at 39405 9300 2 (na	Powers Lake wy 53/59	Po Box 156	
(circu	lator's residence - include number, street, and municipality)	•	
I personally circulated this recall petition and person district represented by the officeholder named in this	nally obtained each of the signatures on this paper. I kno spetition. I know that each person signed the paper wit	ow that the signers are electors of the full knowledge of its content on t	he jurisdiction o he date indicated

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

3-11-1

-Please mail-this-form-to:

(signature of circulator)

n-to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170

Page No. O

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

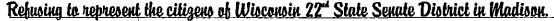
22 District State Senate of Wisconsin petition for the recall of Robert Wirch

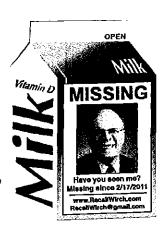
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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF RESIDENCE, IS NOT S	OFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST	-	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Sharon Ester	1/735 223 rd Clares	Bristol, Wi	3-9-11
2. Jack Ester	11735 223 ave.	Bristal WI.	3-9-11
3. Gary Nah	525 Orchard ST Burlington WI 53105	□ Town □ Village □ City □ Burlingfold	3/9/11
4. Bue Françait	110 Katie Drive Silver Lake W153/10	a Village SilverLake	3/10/11
5. Jacker Ammuin	Butting wise 53105	Detrown BUR ling for) Dillage Dicity	3/12/11
Onnile Vos	6924 2864 Are Solem WI 53168	I Town Salem	3-12-11
nathanel	19/08 1015+ Street Bristoliwe 53101	a Town Bristol	3-1241
8. The Med	12877 213H	partown U Village City ALV 77	3/12/1
9. Kit Slegge	25124 83" SMJ	D'Town	3/12/11
10. Marla Pand	19108-1018 BNS101 WI	Town Ordinage Of City BHSHO	3-12/11
MARK A. STARZYK	Certification of Circulate	or certify	:

I. MARKA	STARZY	K Certificat	tion of Circulat	or	, certify;	7 1
I reside at 39405	200 Pr	(circulator's residence - include r		10 Box 156		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition, I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.	3-12-1	!\	M	Jack:	Starq	<u>M</u>	<u> </u>
	(date)		<i>T</i>		(signature of	ajir(4)	ator)
		Please mail this form to:		^t Recall W	/irch		· _

GAB-170 (Rev.6/2007) The information on this form is required by 88, 8.40 and 9.10. Wis, Stats P.O. Box 26 • Silver Lake, WI 53170

TO:	Wisconsin Governm	ent Accountabilit	y Board	
	\$0 c0001001100001141	tofficial with who	on nomination ranges of declar	ation of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscensin State Sexate District

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officialder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



		CONTRACTOR DESIDENCE TO NOT OF	IEEICIENT		
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	i .	SIGNING		
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XTII Kean	<u> </u>	City Paya.	13/3/1		
	— Cartification of Circulat	or			

	·
Certification of Circulator	
Kathleen FERRARO	, certify:
(name of circulator)	
reside at 1235 - 45 Ave Kenosha WI 53144	(Somers)
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that district represented by the officeholder named in this petition. I know that each person signed the paper with full knowposite his or her name. I know their respective residences given. I support this recall petition. Van aware that false §.12.13(3)(a), Wis. Stats.	nowledge of its content of the date indicated thying this certification is punishable under

Recall Wirch

GAR-170 (Rev. 6-2007). The information on this form is required by \$5, 8-40 and 9-10. Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170
This form is prescribed by the Government Accountability Board, P.O. Box 7081, Madison, WI 53707-1984

608-266-8005, Juny patriciness, email: gastegwi.gov

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

RECALL PETITION TO: Wisconsin Government Accountability Board **OPEN** (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22th Wisconsin State Senate District (jurisdiction or district of officeholder) 22 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to lissing since 2/17/2011 the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, ww.RecaliWirch.com legislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. DATE OF STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE SIGNATURES OF ELECTORS SIGNING Rural address must also include box or fire no. Indicate Town, City, or Village □ Town 'A Village □ Town **⊠**,Village C City ☐ Town □ Village ☐ City ☐ Town ☐ Village □ City □ Town 5. □ Village Cily □ Town 6. ☐ Village ☐ City ☐ Town 7. □ Village □ City □ Town 8. □ Village □ City □ Town ■ Village ☐ City □ Town 10. Village ☐ City Certification of Circulator I reside at (circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 7 949

GAB-110 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wii.cov/email/gab@wiigov/

e: Wisconsin Government Accountab	whom nomination papers or declaration of candidacy for the	office is filed)	
e, the undersigned qualified electors of the	224 Wisconsin State Senate District	Vitamin E	M
tition for the recall of Robert Wirch	(jurisdiction or district of officeholder) 22 ^d District State Sexate of Wiscoxt (name of ufficeholder to be recalled and office)	.	MISSIN
on office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
official responsibilities of the officeholder. No islative, judicial, or county officials.)	STATEMENT OF REASON FOR RI or city, village, town, and school district officials. statement of reason is required to initiate the rec liscousin 22 ^d State Senate District i	The reason must be related to call of state, congressional,	Have you seen in Missing since 217 www.Recalffircher Recalffircher gmail
	NG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
James & Brand	38450 7th ST Burlington 4: 53105	a Town Brighton	3/14/11
Mancy M. Brand	28450 7H SY Buckington Wi 5310	Brown Brighton	3/14/11
3.		☐ Town ☐ Village ☐ City	
J .		□ Town □ Village □ City	
		☐ Town ☐ Village ☐ City	
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personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or trict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated site his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under °(3)(a), Wis. Stats.

Please mall this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 050

The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
 the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

<u>un</u> coail; gab@wigov

TO: Wisconsin Government Accountal	RECALL PETITION idity Board the whom commission papers or declaration of candidacy for the	office is filed)	OPEN
We, the undersigned qualified electors of the		t,	Milk
petition for the recall of Robert Wirch	tjurisdiction or district of officeholder) 22 ⁴ District State Senate of Wiscont traine of officeholder to be recalled and officeholder to be recalled and officeholder.	Vitamin L	MISSING
from office pursuant to Article XIII, Section	·	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No legistative, judicial, or county officials.) Refusing to represent the citizens of U	statement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Have you seen me? Missing since 21/7/20/1 www.Recalfivirch.com Recalfivirch@gmail.com
THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1. Dicky Buss	Rural address must also include box or fire ng. 9015 Cooper Kd	Indicate Town, City, or Village Town Millage Pleasant Practic	SIGNING 3/14/11
2. James Buss	9015 Cooper Rd	Dolly Pleasant Prime Town Byllage Pleasant Prame City	3/14/11
. 3,		□ Town □ Village □ City	
4.		Cl Town	
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10.	· · · · · · · · · · · · · · · · · · ·	☐ Town ☐ Village ☐ City	
reside at 7013 Cooper Rd	Certification of Circulaton name of oficulator Lowsout Process ulator's residence - include number, street, and municipality)	r, certify	:
personally circulated this recall petition and personally circulated this recall petition and person istrict represented by the officeholder named in this posite his or her name. I know their respective res. 12.13(3)(a), Wis. Stats.	nally obtained each of the signatures on this papers petition. I know that each person signed the papers petition. I am	per with full knowledge of its content o	n the date indicated
Pleas	e mail this form to: 🖊 🛮 Recall W	irch —	

Recall Wirch GAB-170 (Rev.6-2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wisgov.email: gab@wisgov P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 🕢

TO: Wisconsin Government Account	RECALL PETITION wility Board	 :	OPEN
	with whom nomination papers or declaration of candidacy for the	- New Year	
We, the undersigned qualified electors of the	22d Wisconsin State Senate District (jurisdiction or district of officeholder)	<u>k</u> ,	Milk
petition for the recall of Robert Wirch		Vilamin L	MISSING
from office pursuant to Article XIII, Section	1 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions, the official responsibilities of the officeholder. N legislative, judicial, or county officials.)	STATEMENT OF REASON FOR R for city, village, town, and school district officials. to statement of reason is required to initiate the red Viscousin 22 rd State Senate District in	ECALL The reason must be related to call of state, congressional,	Have you seen me? Missing since 2/17/201 www.HeastWirch.com StealtWirch@gmail.com
THE MUNICIPALITY USED FOR MAILI THE NAME	NG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOR
······································	Rural address must also include box or fire no.	Indicate Town, City, or Village	DATE OF SIGNING
1. Marshy I Earns	1033-115th STREET PLEUSANT PRINIE WI	Town PLEASNINT PROIRIE	3/5/2011
2 Magaret J. It Iliam	1033 1154 Streat	Town Plans of Prairie Williago	3/6/2011
3. Chorden pr Outto	2508 52 ~ 0 5F. KENDIHA WF 53/40	U Town U Village KCAOSHA	3/7/2011
4. O Dene M. Bunn	1033 115th Street	Town Clasar Production	13/7/20
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Terry on Evans	Certification of Circulato	r , certify:	
reside at 1037 15 The Str.	(name of circulator) Plus unt Practice rulator's residence - include number, street, and municipality)	wi 53158	
personally circulated this recall petition and personal	onally obtained each of the signatures on this paper is petition. I know that each person signed the pa	er. I know that the signers are electors of per with full knowledge of its content or	f the jurisdiction or the date indicated

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. Of F

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.			
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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2.	23320 80MP.	Na Town	-0
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	201 5/13/0/	a city SVVVV	
$ 3\rangle$	232de 8/37/C	Town Village	7 76-11
gen pu		o city	2-26-11
4	2700 24/m Ave	ATown O	, -, \'
"much much	Salem WI	City City	(L-16)
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10.		□ Village	
		□ City ¯	
		· · · · · · · · · · · · · · · · · · ·	

1. Ch	ris Reni	wick Cer	tification of Circulator	, certify:
I reside at	23206	815+ Pl.	Salem	,,
		(circulator's residence	e - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis, Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed

We, the undersigned qualified electors of the 22d Wiscousiu State Sexate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



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THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ricipality of residence, is not s falways be listed.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
the state of the s	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Roy E Beck	23 400: 89th Stud Lalon, WI 53167	© Town ☐ Village	3/13/11
2.	23400 8975 Street	City Tally	07.0777
Voroth D Berk	Salem, W. 1 53168	City Falin Town Village City Salem	3/13/4
3.		☐ Town ☐ Village ☐ City	
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ī.	Roy &	9 Beck	Certification of Circulator	•	4:C	
I reside at	23400	89 th Si	(name of circulator)	toun	of Lolen	
	-	(circulator's residence - include number, street, and municipality)		7 27 42-018	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(data)

Roy E Beck (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 954

GAB-170 (Rev.6-2007) The information on this form is required by §§. 8.40 and 9,10. Wer. State.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://gab.wi.gov email: gab@wi.gov

O: Wisconsin Government Accountal	th whom nomination papers or declaration of candidacy for the	office is filed)	OPEN
Ve, the undersigned qualified electors of the	224 Wisconsin State Senate Distric	t	M.
etition for the recall of Robert Wirch	tjurisdiction or district of officeholder) 22 rd District State Senate of Wiscon (name of officeholder to be recalled and office)	win Wilamin	MISSIN
om office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
The reason for recall must be stated on petitions f e official responsibilities of the officeholder. No glslative, judicial, or county officials.)	STATEMENT OF REASON FOR R for city, village, town, and school district officials. statement of reason is required to initiate the re-	The reason must be related to	Have you seen i Missing since 2/1 www.RscsliWirch RecallWirch@gma
thusing to represent the citizens of U	lisconsin 22 ^d State Senate District	in Madison.	ite staatsaki maasaa
		<u> </u>	
THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUR	NICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
SIGNATURES OF ELECTORS	OF THE MUNICIPALITY OF RESIDENCE MUSS STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
<u> </u>	Rural address must also include box or fire no.	Indicate Town, City, or Village	DATE OF SIGNING
Trans Dila	115 W. PARK ST.	Town Labo	3/10/
- Willia Mario -	SINER Lake, WI 53170	City Student	1774/11
Cechia Try za	115W Perk. H	Town Silver Labe	Frutil
3. Zal M dillon	115 W. Park St.	D Town Lake	-/// -
1. C. C. O. O. A.	15 W. Park St.	□ Cily □ Town	<u> 3/14///</u>
Sara M. Dillow	Silver Lake, WI 53170	City Silver Labo	3/14/11
Sidler & Willer	115 W. PARK ST.	Town Silver Lake	3/14/11
6.	571101 041 (102 311 70)	□ Town	-7. 7.7
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		□ City	
0.	1	□ Town □ Village	

I. Codly E Certification of Circulator LON Certify:					
I reside at 1150 W. PARKES ST. SILVER LAKE W.					
(circulator's residence - include number, street, and municipality)					

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wit. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53/07-7984
608-266-8005, http://gab.wi.gov.com/ii/gab/wi.gov P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Mikal W. Winner	11610 136 M Ave Kenosha WI 53142	orown Wyllage Bristol	3-7-11		
2. Debra D. Waligora	18304-120+55+, Bristol, Wt 53104	U Town A Village Bristol U City	3-7-11		
3. Carrie J Ashley	9025 Lakeshore Dr Pleasant Prairie W. 53158	Brillage Placesont Prairie	3-7-11		
4. Sieven Steinke	34206 88th STIGET SAIRM, WI, 53168	UMTown □ Village □ City SA/em	3-7-11		
5 Backy SURSA	20115 - 45th St BRISTOL WI 53104	DOWN BRISTON	3-7-11		
6. Allahle	9025 Lakeshore Dr Pleasant Prairie WI53158	Drown Livillage Plagsant Truste	3-7-11		
1. Janiel d. lass	11608 136th AVE KENDSHA WI 53142	Cryillage Bristor	3-8-11		
8 fill K (app)	Keneshe JUF 53142	Town Bristol	3-8-11		
9. Sisan Er Winner	11610 /3674 Ave. Kenasha WI 53142	Myvillage Bristol	3/8/11		
10. Sell Com	11610 13611 Ave Murosha WI 53142	Orvillage Bristol	3/12/11		
	Contification of Civaulate		 -		

Certification of Circulator	
Michael W. Wimmer	, certify:
(name of circulator)	
Iroside at 11010 136th Ave Village of Bristol	,
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full know opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying §.12.13(3)(a), Wis, Stats. 3-12-11 (signature of circulator)	leage of its content on the date moreaco.

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officiholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehnsing to represent the citizens of Wisconsin 22rd State Senate District in Madison



SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. 1. Felk D Luk SALEM, WI 2. Justificate Pleasant Prairie wI Pleasant Prairie wI Utilize SIGNING 3/8/20 3/8/20 3/9/1	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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Ireside at 1/6/0 13674 Ave.	me of circulator) Village of Bristol lator's residence Include number, street, and municipality)	
district represented by the officeholder named in this	petition. I know that each person signed the p dences given. I support this recall petition. I an	per. I know that the signers are electors of the jurisdiction or paper with full knowledge of its content on the date indicated in aware that falsitying this certification is punishable under
(date)	e mail this form to: Recall W	(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170 GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis, State. This form is prescribed by the Government Accountability Board, P.O. Hox 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov.email: gab@wi.gov

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го: <u>Wisconsi</u> н	Government	Accountability	Beard

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	OFFICIENT
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I reside at	9/63	(name of circulator) 42 VA: Court 4 (circulator's residence - include number, s	Stewashy, W.T.	53/42
manifer rehreser	her name. I know their n	on and personally obtained each of the signamed in this petition. I know that each	gnatures on this paper. I know that the sign person signed the paper with full knowledge recall petition. I am aware that falsifying th	of its content on the date indicate

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" Di

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE NAME	Ing purposes, when different than mun of the municipality of residence mus	TALWAYS BE LISTED.	orricient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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1. Cynthia	O. Staffedtion	of Circulator	, certify	
I reside at <u>8547</u>	272 Nd AVC (circulator's residence - include number, st	SALEN, WI	53/68	·
I personally circulated this recall petition district represented by the officeholder nat opposite his or her name. I know their resp §.12.13(3)(a), Wis. Stats.	ned in this petition. I know that each p	person signed the paper with full	knowledge of its content o Isifying this certification is	n the date indicated
	Please mail this form to:	Becall Wirch	<u>ر</u> ر	

Flease mail this form to: Recall Wirch

GAB-179 (Rev. 6/2007): The information on this form is required by §§ 8.40 and 9.10, Wis. Suite.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8003, http://doi.org/10.1007/984/10.1007/984. Madison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accounta	RECALL PETITION		
	vith whom nomination papers or declaration of candidacy for the	office is tifed)	OPEN
We, the undersigned qualified electors of the	22 rd Wisconsin State Senate Distric	Vilamin L	Mill
petition for the recall of Robert Wirch	22rd District State Senate of Wiscon (name of officeholder to be recalled and office)		MISSING
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	1
the official responsibilities of the officeholder. N	STATEMENT OF REASON FOR RE for city, village, town, and school district officials. o statement of reason is required to initiate the rec	The reason must be related to	Have you seen me' Missing since 2/17/2/ www.RecallWirch.com RecallWirch.dom
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I reside at 6603-4	(name of circulator) AW De wish	1 11/1 , 53/4	2
personally circulated this recall petition and personally circulated this recall petition and personal	his petition. I know that each person signed the pesidences given. I support this recall petition. I am	aper with full knowledge of its content o	on the date indicate
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Please mail this form to:

Recall Wirch

10. Wisconsin Government Accountability Board

PROJECTION MINERS ENGINE CONTROL OF THE PROPERTY OF THE PROPER

We the undersigned qualified electors of the 224 Wisconsin State Senate District (junisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(many of afficeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on peritions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials,)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAME OF SIGNATURES OF ELECTORS	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	U. BICIENI.
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JEANNE SON	Certification of Circulato.	r, centify:	,

I. SEANNE SCRUGOS Certification of Circulator	, certify:
I reside at 565 - 49 Au Bowling Williams (circulator's residence - include number, street, and municipality)	53/44
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this §.12.13(3)(a), Wis. Stats.	of its content on the data indicated
Please mail this form to: Recall Wirch CAB-110 (8xx.6/2001) The information of this busine required by 95 8.40 and 91.00, Wile State P.O. Box 26 • Silver Lake, WI 53170 P.O. Box 26 • Silver Lake, WI 53170	Page No 961

10: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

605-266-8003, http://gab.au.gat. eneil: cobgivi.cm

(date)

GAB-170 (Rev.G/2001) The information on this form is required by §§, 8.40 and 9.10, Wis, Signs.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, W1 53707-7984

Please mail this form to:

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

22 District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

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	Have you seen me? Missing since 2/17/2011
	www.RecellWirch.com RecellWirch@gmail.com

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(signature of circulator)

Page No. O

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO:	Wiscousin	Gruerument	Accountability	Board	

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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(circul	lator's residence - include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Reard, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov/enail:gab@wi.gov/

(date)

§.12.13(3)(a), Wis. Stats.

n to: Recall Wirgh P.O. Box 26 • Silver Lake, WI 53170

signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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L. ROBERT LEIP ZI 6 Certification of Circulator	, certify:	
I reside at $\frac{G'707}{10P}$ $\frac{GMBRS}{GMBRS}$ $\frac{317}{M}$ (circulator's residence - include number, street, and municipality)	<u>.</u>	<u>~ .</u> .

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

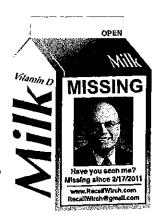
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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Certification of Circulator	, certify:
(name of circulator)	, certify.
I reside at 6260 5 LAISE DR APT 1123 CUDAINY W7 43110 (circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the sign district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledg opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying the \$.12.13(3)(a), Wis. Stats.	e of its content on the data indicated

Please mail this form to:

(date)

Recall Wirch

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984 608-266-8005, http://gub.wi.gov. comil; gub@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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6. LARRY Lois Juni Jun	8406 368 AVE BURLINGTON W1:2	© Village WHEATLAW	3/12-11	
7. GARY SLAGSEagle	1516-33ZND AVE BURLINGTON, WI	D Town W Village W HEATLAND City	3/12/11	
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10.		□ Town □ Village □ City		
. Charles Krause	Certification of Circulate	or , certify		
I reside at 35300 State ST. Barlington Wis 53105				
(circul	ator's residence - include number, street, and municipality)			
I personally circulated this recall petition and personalistrict represented by the officeholder named in this opposite his or her name. I know their respective resides, 12.13(3)(a), Wis. Stats.	petition. I know that each person signed the p lences given. I support this recall petition. I an	aper with full knowledge of its content on aware that falsifying this certification is	n the date indicated	
3-/2-//	_ Charles	(signature of circulator)		

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

GAB-170 (Rev.6/2007). The information on this form is required by \$5, 8.40 and 9.10, Wis. Stats

This form is prescribed by the Government Accommobility Roard, P.O. Ray 7983, Madison, WI 53707, 1984 608-266-4005, https://pab.mi.en-cmiil:pab@wi.gov

TO: Wisconsin Government Accountability Board

SIGNATURES OF ELECTORS

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.

SMAN



DATE OF SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

☐ Town ☐ Village

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Jan Buc	Burlington WE 53105	City Bulling lon	3-12-11
5. Jenny Sarver	424 Herman St. Burlingto WI 53105	Town Ovillage Burlington	3-12-11
6.	3	□ Town □ Village □ City	
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I personally circulated this recall petition and pers district represented by the officeholder named in the opposite his or her name. I know their respective to §.12.13(3)(a), Wis. Stats.	nis petition. I know that each person signed the	paper with full knowledge of its content	on the date indicated
Plea GAB-170 (Rev. 6/2007) The information on this form is required by \$5.8.40 and This form is prescribed by the Government Accountability Roard, P.O. Box 7984		Virch Page No.	. 967
508-266-8005, http://gub.wi.gov/cmail: gab/a/wi.gov/	unuw BecallWirch com • B	ecallMirch@amail.com	

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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3.	400 KENDAU ST BURLINGTON WI SSIOS	O Town O Village BURLINGTON	3-13-11
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1, Stephow 6 Wilburn Certification of Circulator	certify:	
I reside at 8621 Field stone of, Burling for, WI (circulator's residence - Include number, street, and municipality)	5310 S	<u>`</u> ,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Recall Wirch

Page No.

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

tofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District S

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



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1 HE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SI	UFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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4.	341 Suntursi Aue	Town Twin Lakes	
"Scott Collison	Twin Lake UI, 53181	☐ City	3-12-11
5.	11130 269 IL AVE.	Town Comments	21.1
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PATRICIA HARRIS	TREVOR WI 53179	O Village SALEM	3-12-11
7. This Compield	425 PARK AVE	□ Town	
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1, <u>CH</u>	ARLES A	ND REWS	ication of Circulate	or	. certify:
I reside at _	30015	(circulator's residence - inc	DR. BURLI	NGTON, U	153105
district represe	ented by the officeholder i	named in this petition. I know	w that each person signed the r	paper with full knowledge of	are electors of the jurisdiction of its content on the date indicated entification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 0

GAB-170 (Rev. & 2007). The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presembed by the Government Accountability (leard, P.O. Box 7984, Madison, WI 53707, 7984, 608-266-8005, https://doi.org/10.1007/j.jps.com/.

WW

(date)

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22' Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

tname of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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I reside at 601 mc henry St	Sivlinston w	I	,
(Circulator's resid	lence - include number, street, and municipality)		
l personally circulated this recall petition and personally obta district represented by the officeholder named in this petition. opposite his or her name. I know their respective residences gi §.12.13(3)(a), Wis. Stats.	I know that each person signed the paper iven. I support this recall polition. Lam and	with full knowledge of its content or	n the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 970

GAII-470 (Rev. 6/2017). The information on this form is required by §§, 8,40 and 9,10, Wis, Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707, 7084 668-266-8005, https://doi.org/10.1007/journment-control-gas/powers/.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(junsdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

tname of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTRORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
'Longen met	Rural address must also include box or fire no. 32 200 46 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Indicate Town, City, or Village	3/12/1/	
2(2)n dd	1/29 328+ AW BURNOWN WI	Cartown Village VILLAGA TAND	3/12/11	
3 James a. Winters	48/0 352ml ave Burlington WI 53/05	erown Usillage Whentland	3/12/11	
4. Jan Just	3830 368H Ave Burkington, WT 57105	O Town O Village Choc // Chd	3/12/11	
5 The trans		□ Town □ Village □ City	,	
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10.		□ Town □ Village □ City		
Certification of Circulator Jense Certification of Circulator Certify:				
I reside at 35300 State St. 1341/11/1704 4/15 53/05. (circulator's residence - include number, street, and municipality)				
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.				

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. O

Please mail this form to:

GAB-170 (Rev. 6/2001). The information on this form is required by §§. 8,40 and 9.10, Wis. State

608-266-8005, http://gab.wi.gov/compil: gabig wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.			
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
" Jenny Madele	6214 63AVE KENOSHAWI.53142	Q Town Ullage SOMFRS	3/13/1
2. P. D. Net	8031 - COOPENRI	I	3/15/11
3. Vanna Escatione	1451-30th AVE Kenostin WI 53144	Town V	3/15/11
4. Robert n Lollen	1917 Kanusya, wI 53144	DICity Town Utillage City Kewsha	3/15/11
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10.		□ Town □ Village □ City	
Certification of Circulator, certify:			
I reside at 9500 -8/5/ #3/7 Pleasa & Prairie (circulator's residence - include number, street, and municipality)			
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I agri aware that falsifying this certification is punishable under			

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

608-266-8005, http://gab.wi.gov email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	LING PURPOSES, WHEN DIFFERENT THAN MUN IE OF THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Please mail this form to:

(date)

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

fname of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
Jennes A. Tinollay	356 S. Kenedrick Ave Burlington WI 53/05	O Town O Village Bun/Ins/2:	3/12/11		
2/3ct/2/2	Box Insteal W153105	Oxtown Ovillage But Inglow	3/12/11		
3. Van Olan	35100 Chestnut St Burlington U1 53105	OXTOWN UVillage City Burlington	3/12/11		
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6. Music Front	1631 W, My Ave #107 Twin LAKES, WI 53181	Ortown TWIN LAKES Octiv	3/12/11		
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10.	TON BETTE St.	O Town			
CXXXXXX	high Col W	City Carry	3/12/12		
1, Charles Krause Certification of Circulator , certify:					
I reside at 35300 STATE ST. BUNING to WIS. 53105. (circulator's residence - include number, street, and municipality)					
l personally circulated this recall petition and person		er. I know that the cianers are electors of	of the jurisdiction or		

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-176 (Rev. 6/2007) The information on this form a required by §5. 8.40 and 9.10, Wis. Stats.

POF

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gon.com/il.gab@wi.gon

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

petition for the recall of Robert Wirch 22 District State Senale of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on pathions for city, village, town, and school district affecials. The reason must be related to the official responsibilities of the officebolder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



	FTHE MUNICIPALITY OF RESIDENCE MUST	ALWAYS DE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOF
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district represented by the officeholder named in this petition. I know that each person signed the garger with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Tanyaware that falsifying this certification is pemishable under §.12.13(3)(a). Wis. Stats,

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, vvi 00170 www.RecallWirch.com • RecallWirch@gmail.com Called its (two letter?) The automation on the fore the form is prescribed by the Geograms of Acotemic 6th 2th 1818, <u>Name of the fo</u>cust paths of per-

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder,

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

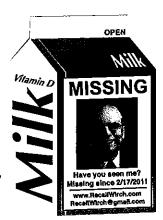
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
James Schwartz	Burlington wet 53105	Do Town U Village Bu - 1:-5 +	03/12/11
Dames Schwartz Bucige Haubert	357 E Market st Barlington WI 53105	U Town U Village Berlington	3-12-1
Barb Olinek	8208 Hossier Cr. Rd Burlmaton, WI53105	Grown Givillage Burlington	3-12-11
Susan Erickson	Burlington WI 53105	Trown Utillage Burlington	3-12-11
Marilyn Hammes	Burlington, Wi 53105	a Town Village Bur Ing to a	3-12-1
		☐ Town ☐ Village ☐ City	
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ı,_ FRI	<u>ט ז נארו טון</u>		 rtification of Circulator		certify:
I reside at	324	Kendi	 ce - include number, street, and municipality)	11 53105	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
Markie Griffin	4408 47th St, Kenosha, WI 53144	□ Town □ Village 2ACily K& NOSha	3-2-11		
2. O. C. Morre	4408 47th St KENOSha WI 53144	□Town □Village PCity KENOCHA	3-2-11		
3.9 . 1 () a le	6520-434 AVE. KENOSHAWI 53142	U Town U Village W City V ENOSHM	3-3-11		
Deb Folper DEB ZOLPER	M20 21th Ave Kenoshai Wi 53143	U Town U Village Society Conosher	3-5-11		
5. muhis 13m	7120 27 th AUG XENDSHA W.C. 53148	□ Town □ Village ☑ City LENOSHA	3/5/11		
6. 31/1205	CONOSINO, WC 53142	Town Village VCAQShu	3115/11		
7. Carol Colla hon	5314-86 11 ST Pleasant Ap 53158	Drown Prisant Prints	3-15-11		
8. Jeff Moscick	16834 54 th STI-	O Town O Village Wicity	3-12-11		
"Hraron & Moscack	6824 544 St Kenosha WI 53144	U Town U tillage City Kenosha	3-15-11		
10. Lon lapsano	6725 152 AVE KANOSHA WE 5314	UNITOWN CONTROL VILLED City Kunosya	315-11		
1, Czori Pougherty Certification of Circulator , certify:					

\cdot
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under
§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
17 may Louthern	1132 Eastbrook ar. Bulington WI 5,7165	D Town D Village BULLIN & TON D City	3-12-11		
2. Roben Hayner	37110 Gard sta	Drown Dillege Wheatland			
3. DALE A. SUMMET	BSII 368th AUE BURLHUGIDO, WI	■Town PANDALL □Village TといろまけたP □City	3-12-11		
4. Kris Theodore	303 264 EM	Drown pxCvillage Brach for	3-12-11		
5. MARV FARA	18515 120 TH ST BRISTOL WE	D Town Cal Village City BRISTOL	13-12-11		
6. Que Farm	18515-120th St.	a Town OKYlllege Bristol	3-12-11		
2. mile Olynch	BURLINGTON WI 53105	DITOWN UVIllage BURLINGTON UCity	3-15-11		
8. Sugan Spirler	22911-83-d ST Salen W, 53168	oxtown Uvillage	3-12-11		
9. 1/2	7WIN LAKES, WID3B	Town Stranger Win LAPES	3-12-11		
10. A Packer	31223 715 STRYCT SALOM WI 53168	Village SALEM	3-12-11		
,	Cartification of Cinculate				

Certification of Circulator		
I, GERALD BUETTNER	, certify	
I reside at 16980 TINGLELLIND ORIVE, BROKFIED, WI	53005	
(circulator's residence - include number, street, and municipality)		
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full known that his or her paper. I know that respective residences given. I support this recall petition. I afterware that falsife	owledge of its content o	n the date indicate

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 978

GAB-170 (Rev. 6/2001) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov/cmail/gab@wi.gov

§.12.13(3)(a), Wis. Stats.

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	-	·			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
· · · · · · · · · · · · · · · · · · ·	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1. /) 64	361 Indian Benk Rd.	□ Town □ Village // /			
Rose Mary Riggs.		Billy Durlington	3/10/11		
2. Ph. 104	1501 OAK ST.	□ Тоwn /			
Krown Meele	4 4	D'Village TWIN LAKES	3/12/11		
3. 1/1/ 0 / 0	1800 McKeekol.	ATOWN DOVER	3.15-11		
fally School	Burlington, WI	City City	3-12-11		
4. 1/1/1 4 1	618 Lincoln Prince	D Town	3/12/11		
love lines	Turnbakes WJ 53/51	Sevillage Turnlakos	3/10/11		
5. (1324 N. Man St.	O Town	21 1		
Johnsa Fahr	Burlington W1 5310	Discity Bur (1940)	3/12/11		
6. V (Vi)	18754 Hill too	Town 2	2/2/		
uli lilaria	Burlington WI	Ocity DLIV Maton	2/17/11		
2/ 10 11	8154 H/1160 Dr	Town	ا ما		
Smille Aldrich	Bulington WI	Ocity Bullwaton	1312/11		
8. 71	361 PICKETT CT.	Томп	_ , ,		
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9. ORLADO +	361 PICHETT CX	□ Town	-/.		
Victor C. Spriger	BURLINGTON, WI	Village BURLINGTON	3/12/11		
10. Ale Managadia	31319 70th street	Х Тоул			
10. Alex Hernandez	Salem WI 5316 8	City Sale M	3/12/11		
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Alex Hermaniae		53168	City 5	alem	3/12/11
1. Charles 1	Certification	n of Circulat	or	, c	ertify:
1 reside at 35300	GTaTe (pame of circulator)	BUNIA		WIS	53105
	(circulator's residence - include number	er, street, and municipality)	/ -		
district represented by the officeholder	on and personally obtained each of the named in this petition. I know that eac respective residences given. I support the	h person signed the	paper with full ki	nowledge of its con	tent on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 970

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wii.gov cmail: gab@wii.gov

§.12.13(3)(a), Wis. Stats.

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officebolder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Glan Wartinan	11715- 334th AVE TWIN LAKES	DKTOWN RANDALL. DVIllage DCity	3-12-11		
2. Calv Schum,	324 Mueller Auch	Sylvan Yenogha	3-12-11		
3 Jaura Jampach	8780 383ra Are Twin Lartos	Ditown Andall	3.12.11		
4. Poly Sungelia	TWIN LAFA 5	De Town CANDAII	3.12.11		
5. J. Weim	Bill Ridgement Do	Drown Dustington	3-12-11		
61 22	Bullington, WI	Drown Dryllage Wheeling nd	याजी।		
7. Many Kingle	Jo36 D. vale Shore Dr.	Trown Twin Lakes City	3/12/11		
8. Eugenia E. Relitor	34715 45Th Street Bulington, WI	D Town Selvillage Wheathand City	3/12/11		
º any m. Buston	3471545+4 street Builington Wi	Town styllage Wheatland	3/12/11		
10. Unn m. Pasmussors	30 Lever 100 WI	QrTown Q Village Q City BUrlinytan	3/12/11		
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13// 11 1/	Certification of Circula	tor
1, (falles) St.	duse	, certify:
I reside at 35-200	(name of circulator) 57 a Te (circulator's residence - include number, street, and municipality	ton Wis 53105

t personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall polition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22" Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DAȚE OF	
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2. 2	10 60x 263 1/3/6 70811	Village ()	-2/ /	
Robert WAGNIA	Ant. WILMOT 57/12	City SALTUM	07/2/11	
3. / / /	731 Oct 56	D Town		
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4.	431 Dale De	Town / /	7	
mily Chy	B .	City BUIL, 9/6-2	3/2-11	
5. 1	6724 Horseshoetra	Town		
(Wolyn Caso	Bulyton	ocity Dunty to	3/12/11	
6. 1411.00° Deck	7001 327th Ave	Village Whaternal	_ 1 /1	
William shack	Bulineton INI	O Village Wheatland	3/12/11	
7. *	2815 24th SF	D Town		
glosen tr	Kenoshaw 53140	Ocity Denosha	3-12-11	
8. B 1 00 M	267 5 Pivesi	Town O	7	
Ban Mille		Divillage Bugling ton	3-12-11	
9. M/	6724 Horsechoe Tel	2 Town	7	
11 land Com	Bu-lington WI	O Village Burlington	3-12-11	
10.	31720 Karchen Road	19 Town		
Hair Jensen	Buklington, WI	City Burlington	3-12-11	
	Certification of Circulate			
1 halle Variab				
reside at 35300 STATE ST RIVINATON (A) S -310 ST				
reside at 35300 STATE ST. BUY/INATON WIS 53105- (circulator's residence - include number, street, and municipality)				
personally circulated this recall petition and personal	ally obtained each of the signatures on this pap	er. I know that the signers are electors of	f the jurisdiction or	
istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated				

opposite his or her name. I know their respective residences given. I support this recall polition/I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF SIGNATURES OF ELECTORS	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	ALWAYS BE LISTED.	UFFICIENT.
		MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Oani Amaria	352/2 Ridge Rd	Town	_ ,
Jane Swamson	Bulineton (1/15 53/05	a City Builington	3/8///
2.0	352,7 R: 4x Rd	D'Town	[' , ' , ']
Carl Cylin	Burlington W 53105	ocity Burlington	3/8/11
3. 11/h (W.1/)	725 Oak St	□ Town	
1/4/1/2 444	Barlington W. 51305	Brillage Derlington	3/8/11
4.	732 OAK ST	□ Town	1/111
10/1/15/h	RURLINGTON W 53105	Decity BARLINGTON	3/8/1
5.	297 SIN Jundeun Count	Town	2/11/11
mas Il	Burlington Wi 53/05	Scity Bulling	3/11/1
6. 3. 133	Hy Luch remark Halls	□ Town	
X Whall all was	Bur 11 ~ 6 + 53 1 05	a Village Bullington	3/11/11
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COROCORY	b \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Svillage Svrlington	3/11///
8.	233 Shengadock Ct.	Town	' t '
Jany tellis	Bus ancilon, WI 53/05	Social Burlington	3-11-11
9. 0 0	4701 morron Low	DXTown 7	01111
Alare Mix	Rivery LI	Ocity SJ Myth	13-11-11
10. 01 =/ 10	205 Front St	□ Town	A
- 1914 A. L. San	Burlington WI 53105	Ocity Burlington	3-12-11
111	Certification of Circulato		

1, Cha	iles 15	iause	Certifi	cation of Circulator		, certify:
I reside at	5300	State	e of circulator)	Burling Ton	Wis.	53105

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

District State Senate of Wisconsin

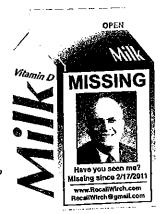
(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



<u> </u>		COLOR TEN OF DESIDENCE IS NOT SI	SECIENT	
The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.				
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUSI			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1. San Il	Bullato Wissi	U Town U Village GURLINGTO	3/2/11	
2. Fralle Lance	Buchington wi 53105	D Town U Village UCity	3/2/11	
3. Michael Smetana	440 S. ELMWOOD AVE	U Town U Village UCity UNIVERSE	3/3/11	
4. De Sprikaresk	Burling Ten W.	Ortown Ovillage Burling To	3-4-11	
5. Justy Meadan	3371 Cedan Or Burlings 21, 53/05	D City Surling	3-5-11	
6. Dan Mayarlula	Burlington WI531	Drown Cily Bully Con	3-5-11	
2 Lavid Statts	BURLINGTON, WI 53 105	Ocity BURLINGTON	3/11/11	
3º Valet	BUPLINGTON, WIS 3105	D Town D Village SCIY BULUIU670N	3/11/11	
	BILLINGO D. W. 53605	D Town D Village BSR/14 H	3/11/11	
10 FRWant	32 5 man 51 Brily 161 52105	Town Sultington Scale	3/11/4	
1. Thomas & Vos	Certification of Circulat	or , certify	<i>/</i> :	
I reside at 124 KIN 95	nanc of circulator) Byrlingto			

Thomas & Vor	Certification of Circulator	, certify:
I reside at / 24 KIN 95	(name of circulator) C:+ Burlingtout (circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filted)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

Gurisdiction or district of ofliceholder

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



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	/	in City (
2. 0 1. 415 M	232 BRIDGEST, APT. 244	□ Town (, □ Village	3/12/11	
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7. Paul Kitto	3914 364TH AVE SALEM, NI 53168	Drown Brighton	3/13/11	
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	lator's residence - include number, street, and municipality)	(i)	······································	

I personally circulated this	s recall petition and personally obta	ined each of the signatures on this pap	per. I know that the signers are elector	s of the jurisdiction or
district represented by the	officeholder named in this petition.	. I know that each person signed the p	xaper with full knowledge of its conten	t on the date indicated
opposite his or her name.	I know their respective residences g	iven. I, support this regall petition. I ar	m aware that falsifying this certification	is punishable under
§.12.13(3)(a), Wis. Stats.			E Willbrus	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.	
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
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6. (1)	411 Angula St	O Town	3///	
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i, Stephen 6 Wilburn		, certify	· ·	
I reside at 8621 Fields one 01, Burling tow, W1 53105				
(circu	lator's residence - include number, street, and numicipality)			

I personally circulated this	s recall petition and personally obtained	d each of the signatures on this	paper. I know that the signers a	re electors of the jurisdiction or
district represented by the	officeholder named in this petition. I l	know that each person signed th	he paper with full knowledge of i	its content on the date indicated
opposite his or her name.	I know their respective residences giver			rtification is punishable under
§.12.13(3)(a), Wis. Stats.	2/12/2011	CI.	a Willand	•

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.					
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF BLECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
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3. 0 - 1/ 10/1.00	11701 7 ALTH AVE	TOWN Pleasont	71 111		
3. Keger Hump hreg	Dessant fr. 53158	Ocity Prairie	3/15/11		
4. /// ()	9019 29th Ave	DITOWN Pleasant	11		
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Val Ender	KANOSHA W85.53142	ACity (Chocha	3-15-11		
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William Cally	KonosberuI	Disty Somer S	3-15-11		
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8. 57 1 0 00 01	9225 Gambast.	□ Town			
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9. D' - 100 1	10811 88th Street	Styllage Pleasant	0 1- 11		
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10. 00 11 100	7545-1884 ALB	Cl Town	1 /		
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V V	Contidentian of Circulate				
Certification of Circulator					

	Certification of Cirt	cuiatur —
I, Jeff Lauer	· · · · · · · · · · · · · · · · · · ·	, certify:
	(name of circulator)	
Treside at <u>8770 83rd Place</u>	Pleasant Prairie, WI 53158	
	(circulator's residence - include number, street, and mu	nicipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis, Stats.

112/d0/1

D

(signature of circulator)

Recall Wirch

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination napers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

(date)

608-266-8005, http://gab.wi.gov email: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53107-7984

Please mail this form to:

22rd District State Sexale of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Xinda Bardto	921 · 75 m St Kenosha WF 53143	D Town D Village Kenosha	3-14-11
Mariana Rout	13231 108 10 17L Mensant Prairie to 53158	Distriction Pleasant 191718	3/14/11
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ide at 48/6 84th (circ	ame of circulator) Kenosha, h ulator's residence - include number, street, and municipality)	II 53142 P	1. Proc
sonally circulated this recall petition and person		per. I know that the signers are electors of aper with full knowledge of its content of	

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District

(jurisdiction or district of officeholder)

pelition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always de listed.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
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2. Nemis E. Maisia	4015 12 PST. Kenoska WIAC	さTown ロVillage SOMERS ロCity	3/13/11	
3. Margia Massie	4015-125T Kenshe WI 53144	City	3/15/1	
4. Thomas Z. Campbell	6331 86H AV. Kenosha, WI 53142	U Town U village Kenosha St City	3/13/11	
5. Kathan Hampall	10331 8600 Nor Venosna 53142	© Yown © Yillage LINDSA	3/3///	
6. Fot M. Sorby	83/ 88Th Ave Kenoska WJ 53/44	SA Town U Village U City MU / 5	3/13/11	
7. James WALLER JL	780/ 88+ Duc Lot 278	Drown Pleasont Williage Day PRairie	3/13/11	
8. Vand PAA	9702 84 Th Place Pleasing Mainte	D Town PLEASANT SE Village PNANNLE	3/13/11	
2/02 3	9900 10th St Kedosha WI 50142	a Town a Village Kewoship	3/13/11	
10 Till & Johnson	7/20 236th Ave Paddock Lake W753168	D'Town Paddank Stylllago D'City Lake	3/13/11	
	Cartification of Cinaulate			

	Ceruncation of Circulator	
I, Jeff_Lauer		, certify:
	(name of circulator)	
I reside at 8770 83rd Place Pleasa	nt Prairie, Wt. 53158	A STATE OF THE STA
	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

TOUGH VVIICH

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1. 2. 1/	4611 - 64 AVC.	Town	2/2/4		
Carol Kovacwich	Kensola, 212, 53144	Somers Somers	3/3/11		
2. 1 5.1 .01.	11056-40th Ave.	O Town	3/11		
2. Course Schwidtenes	Pleasant Pairie, WI 53158	Willage Pleasant Praine	14/10		
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1 Sicologian	(1)	Q City \$\$\tag{UNVSNN}			
Laurie O'Lown		C/Village	3-13-11		
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6. 21 0 · f	WI 5315-8	☐ Town ☐ Village V	2 10 11		
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8. 11 1/11	3317 65 ST	□ Town			
John Kittleson	Kenosha Wi 53144	Willage Kenosna	3-13-11		
0 111	SUOR SATH ave	□ Town 4			
9. William Den Sollen	Kenoska WE 53144	Village Kenoska	3-13-11		
ey by a will feet	2 /CK n	D Town	† · · · · · ·		
10. K Orat Dogs 1 1 1 16/1 -	5,703-54 - ANC	□ Village	3-13-11		
Muchines Walnus	14 MOTHY WI 33144	X Cily Jenosna			
Certification of Circulator					
Discussion of the control of the con					

1. BA	Certification of Circulator /	, certify:
	5602-54th avenue Genesha Hi 53144	
i robido d	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12,13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

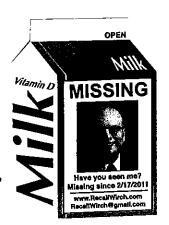
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Rean Taylor	6219 82nd Ave	U Town U Village KENOSHA	3/8/11
how speak	6418 119 AVE Kenoska 6.)53/12	O Town O Village Lensha	3/8/11
The reso Larherm	8937-264 Ave Kenota W753143	a Town Village Socily Demostry	03/08/11
Moria Foliano	4695-4th Atreet	Town Town City City	3-10-1
Michael Duzzak	1709 35th st Kerosta WI 53140	U Town U Village	3-14-11
alega	9050 26th Aug Kenosha W1 53143	O Town Willage Pleasent Prake	3.14.11
John Down	7(014-2) 19 AKE -Kenosha W 53143	orown ovillage Kenosha	3-14-17
arle James	1885-1044 SA Permateri W:5315	Drown Pleus Pr.	3/-4-1
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side at 8707-10 + h	ator's residence - include number, street, and municipality)	55/7/	

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov/cmail: gab@wi.gov

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22dd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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••	Rural address must also include box or fire no.		te Town, City, or Village	SIGNING
1.7 1/ 0/0 10	4002 Sheridan Ro	Town	1	12 57 11
Gudah Chleen	Kensoly 3/93 JAW	22 City	Keuosha	02-27-11
2.	6543 4/31-8 AVE	´□ Town		2-27-11
Legg feren	Kerasha 53147	☐ Village ÆrCity	Keuosha	[/ /
3 1/1 2 =	6443-43 Ne	Q Town	1 .	
3. Robert w Rosimm To	Kenosha WI 53142	☐ Village ② City	Kewosha	2-27-11
4 : 1 - 1 - 7	6543.43rd Acr	☐ Town	17	
4. Marsha Coman	Kenosha WI 53142	☐ Village ☑ City	Kewsha	9-97-11
5 Paraula Pa	6543-43 Ave	□ Town		1/0-1
5. Carramba Kormann	Kenosha, WI 53142	☐ Village ∑ City	Keuosha	2/27/11
6.	8850-39Ave	☐ Town		
Nancy Burlinda.	Kenosha, WI 53142	☐ Village 02. City	Kenosha	2/28/11
9	6328-73 St. #205	□ Town		2/-2/4
2. Stephanie Ritter	Kenosha, WI 53142	☐ Village Clty	Kenosher	2/28/11
8. // 27	8526 22157 auce	⊅down		11
Check Tuch	Dalem WI 53/68	☐ Village ☐ City	Solein	3/1/11
9. 0. 14 0. 14	8620 30th Ave. Unit 104	☐ Town ☐ Village	V .	3/2/11
"Beth asternhagen	Kenosha, WI 53143	City	Lewha	014111
18.7.1.0	7439 22nd Ave	☐ Town	, ,	2/0/11
faither teller	Kenosha, WI 53143	☐ Village OX*City	Kanosha	3/2/11
	Trending of 55.15	****	160-	
	Cartification of Circulate			

Ι,	Certification of Circulator Kattleen M. Becker	, certify:
I reside at	6003-43 rd Hornie, Kenosha	· · · · · · · · · · · · · · · · · · ·
	(circulator's residence - include number, street, and municipality)	
T	to the belt to the state of the second beautiful and the second beautif	ha alawaya aya abaasaa afaha luuladkaslay a

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(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	·		· · · · · · · · · · · · · · · · · · ·	
The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
26001	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1. Elizabet Coulde	19800 804h St.	Drown Ullage Bristol	3/2/11	
2 N	806 76 St	□ Town	20 11	
2. Strace D. Ange	Kenosha WI	Quilage Keuosha	3-2-11	
3.	11649 216th Ave	Martown ☐ Village → 1	3-2-11	
Sujanne Jimneman	Bristol, WI	City Bristal	3-2-11	
4. Jean Awers.	1723 26 54 Kenosha, WI	Town Usilage Kenesha	3-2-11	
Fragolys Vander Velde	5500-56 AVE KINOSHA, WI	O Town O Village Da City Cano Sha	3-2-11	
6. La John	Kegosha WE	O Town O Village OPCity Ce was la	3-2-11	
7.	6905 67h St. #108 Kenosha, WI 53142	a Town Village SECily Kenasha	3/2/11	
8. [[5	1723 26 th st Kenosha, WI 53140	O Town O Village OFCily Kewosha	3/2/11	
9. Sail C Pagel	7616 - 17th Au Kenosha WI 53143	orown Village RCily Kewsha	3/2/11	
10. Jan McDong	6516-43KDAVE Kenoshaw 55342	Town Village Lewosha	3/2/11	
	Certification of Circulate	or		

I.	Certification of Circulator	, certify:
I reside at	6603-43 yd Avenue Lendera	
•	(circulator's residence - include number, street, and municipality)	
district represented by	d this recall petition and personally obtained each of the signatures on this paper. I know that the s y the officeholder named in this petition. I know that each person signed the paper with full knowle me. I know their respective residences given. I support this recall petition. I am aware that falsifying	edge of its content on the date indicate

§.12.13(3)(a), Wis. Stats.

3 -0.7-11

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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	PURPOSES, WHEN DIFFERENT THAN MUNTHE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jan Dund	1803 33 St. KENOSHA, WI. 53140	□ Town □ Village /イビNOSHA 発City	3-8-11
2. Jeff Taliosh	2103 33 rd Kenosha W) 53140	☐ Town ☐ Village ISENOSHA ☑ City	3-8-11
Brilleshihard	7615 38th AVE. henosna, WI5314	☐ Town ☐ Villege / CENOSHA DCity	3/9/11
4. Krite Prielewski	YET 38th AVE Kenosha, WI, 53142	□ Town □ Village ドラドのSHA ぬCity	3/10/11
5. Cody Jesperson	6217 69th St Kenoshy Wt 53142	□ Town □ Village /< ENCSHA D'City	3/11///
6. Walle Prespen	11 TAS LAKESHORE DR. PL. PRAIRIE WI. 53158	□ Town X[Village PLESANT PRAIRIE □ City	3,13,11
no flucies and	7322-7 AU2 KINOSA W 53143	U Town U Village DxCity USAA	3/13/11
*KachyShodis	7322-726m.	O Town O Village St City O Many Many	3/13/11
"Philip Zurjuc	5517-447AAWE KENDSHA WI53144	O Town Village KENUSHA	3-13-11
10. James L. Elles	5517- 444 Rose Keniska, Win 33144	O Town O Village So City Se Marcha	3-13-11
Kully Stington	Certification of Circulato	o r , certify	
reside at 7615 38 4	DE KENOSha	Wi 53142	·
personally circulated this recall petition and person	lator's residence - include number, street, and municipality) ally obtained each of the signatures on this pap	er. I know that the signers are electors o	of the jurisdiction o

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

ale)

Please mail this form to:

^{n to:} / Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 993

GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Sads. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 (08-266-8005, <a href="https://doi.org/10.1007/j.jps.1007/j.jps.1007/j

RECALLEBILLION

(official with whom nomination papers or declaration of candidacy for the office is filted)

TO: Wisconsin Government Accountability Board

OPEN

We, the undersigned qualified electors of the 22 Wiscousin State Senate District MISSING (jurisdiction or district of officeholder) petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, togislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. MUNICIPALITY OF RESIDENCE DATE OF STREET & NUMBER OR RURAL ROUTE SIGNATURES OF ELECTORS SIGNING Indicate Town, City, or Village **X**Town 🛱 Çilledê 🗀 City Q Town □ Village X City **U** Town □ Village ä Cily ☐ Town □ Village U City ☐ Town □ Village **Lily** ☐ Toyen □ Village Ci City ☐ Town □ Village City ☐ Town ☑ Villago 8, City City ☐ Town □ Village SECILY CI TOWN Village City enash Certification of Circulator HAINAULT , certify: (name of circulator) AVE (circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indiented opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §,12.13(3)(a), Wls. Stats. . Hourault (date)

Please mail this form to:

GAB-170 [Rev. 6/2007]. The information on this form to required by § 6. 3.40 and 9. [0, Wio. Stats. This form is prescribed by the Government Accountability Heard, P.O. Hor. 1994, Marlison, WI. 5.2007, 1984. Ges. 266-2608. [http://pab.or.gov. criteric.pol/gray.gov.

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22rd Wiscousiu State Secrete District</u>

petition for the recall of Robert Wirch

608-206-3003, <u>http://wwb.wilgov</u>-entail: gab@wilgov

22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	<u> </u>	<u> </u>		
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Kall Deoweln	8119 4014 AVS UPITH 53142	U Town U Village KENOSh 1	3/13/11	
2. Sy fa	6338 PERSHAM BLVD	U Town U Village P-City City Cit	3/13/0	
3. Athery Dorling	8701 245th Ne SALEM 5368	Softown Softifiege City Softiege	3/3/11	
4. Rudol (lead	70/3 1+ AU. Kenssha wI 53/43	D TOWN D Village Drefity C C C C C C C C C	3/13/11	
5. Ronal W. Shires	4318 20th Place Keno; na w I 53144	O Town O Village O'City Renoving	3/13/11	
6. Stuth	1722 2741 St.	D Town D Village R City Kmosha	03/13/11	
7. nazn Runhardt	PLEASANT PRAIRIE	Acity PRAIRIE	3/13/11	
8. AM Paris	7534-2412/ACE	U Town U Village Lenostra	3(13(11	
"L'alux Hickson	HENOSIA	o Village Kenedra	ત્રાકાત	
10. Phil Man	7738 2711 AVE	O Town O Village Spain Paciny LENOSMO	B/13/11	
Riley Fulmer, certify:				
I reside at 9/63-43 NO. E. J. Kews M. W. T. (circulator) + Stews M. W. T. (circulator's residence - include number, street, and municipality)				
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated apposite his or her name. I know their respective residences given. I support this recall petition. I am aware that talsifying this certification is punishable under				
§.12.13(3)(a), Wis. Stats. 3-/3-// (date) (signature of circulator)				
	mail this form to: Recall W	/irch	000	
DAB-170 (Rev. A-2007). The information on this form is required by §5. 8.40 and 9.10, Wis. Stats. Phil form is prescribed by the Government Accountability Board, P.O. Box, 2984, Mathem, NT. 5.1707-7954 P.O. Box, 26 • Silver Lake, WI 53170				

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
	THE MUNICIPALITY OF RESIDENCE MUST	<u> </u>	D. J. T.D. O.D.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
17/18/18	1267-40 AVE	□ Town	17	
Patrisk tubband	, 14	Willage KANOSHIA_	3/14/11	
2.00	1267 - tomare	□ Town	21, 1, 1	
Tuncy Sulling		Delly KENOSTICA	2/15/11	
3. Bonne Bleman	6464-110 th St	O Town O Village O City	3-15-11	
4. William D Ned 1/2	8534 20TH AVENUE KENOSHA, WI.	D Town U yillage KENO YIA	3/15/11	
5. Dovia Nedd	8934 20th Ave Kennshy INI	o Town O Village O City Kenusha	3/15/11	
6. Low Mithus	TEYE ICH Ave	Town Village Kencsha	3/15/11	
7. Moul	94908 73ND ST SALEM WIL	Town PADDOCK LAKE	3/15/11	
8 Foton Allynia	7921-40 AVE	Town Coshe	3/15/11	
2. Jany Gours	TOSO STRACTIVE.	UVIIIaga Kenosha	3/15/11	
10. Marily M Kama	PLEASANT granic	Town Ustilage City PLCASAUT PUBLIC	3/15/11	
Certification of Circulator , Certify:				
I reside at 9500 - SIST 317 Pleasant Prairie				

Certification of Circulator	
1, CEPT 1009Ner Y	, certify:
Treside at 9500 - S/ST S/ST Pleasout Prairi	س
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Lam aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

Page No.

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22rd Wisconsin State Senate District</u>

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN IF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Durwsh	7510 Wiser St.	O City Dunky for	2-10-11
2. Jama L. Prasecki	8511 Fishman Rol Burlington WI53105	Trown Ovillege Burlington	3-10-11
3. 5 m. Bd	273 Gardner Ave Burlington WI 53105	Drown Burlington Drcity	3-11-1
4. Manda M Barbour	8750 Sheridan Rd#18 Kenosha, wo 1 53143	U Town UVillage Kenosha	3-11-11
5. gruissa Sambal	11334 271st AC Trever, WI 53179	o Town Exvillage Salem Ocity	3-11-11
6. And B	Burlington Wel 53105	O Town O Village Bullington	3-11-1
7. Paule Hatoro	133 Davidson DK Bullmoton WISSKO	D Village Bully	3-/1-
8. Much Line	Bulincton Wi 55105	Drown Uniting Burlington	3-11-1
Sherre Mielle	Twin Lakes, WI	Dity Win LAKES	3-11-11
10. Male Aust	TWIN LAKES WIT	Drown Willage TWN LAKK	3-11-11

1	Branie	The the	cation of Circulate	or	. certify:
l reside at	2000	(minic of circulator)	000	Burlings	on, WI
		(circulator's residence - me	lude number, street, and municipality)		5310
I personally ei	irculated this recall petition a	and personally obtained eac	ch of the signatures on this pa	per. I know that the signers are	electors of the jurisdiction or

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 224 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.					
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	- '			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	Digitality		
1. Dordens	Shorspringbrooked	Strillage Pleasanthaire	3/9/11		
Lun Dorates	Pleasant Traine 4155158				
2.5	Shot Springbrook ld	Town Place Places and Pravile	3/9/11		
ONDIGUL	Pleased Prairie US3158	□ City	- ()()		
3. 1 1 1 1	7806 5544 AUR	Town Vilage ()	3)11/11		
Trilo almer_	henogra, WI 53142	ochy Pleasant Pra	d) ? 2		
4. 0 0 - 1	8005 60th aue #1	Ci Town			
" & Rirley Comore	Kenosta W1.53142	village Kenosha	3/11/11		
5 ()	4006-107th St	□ Town	17		
Linda Burns	PLPRAKIEW53158	City Elasant Burie	3-11-11		
6.0 . 0	\$5922 43rdave	ty Town			
Carl Lawrence	KENDSHA, WIS	Village KENCISIA	3-11-11		
7 /4	5200 - 3 1d Alle	□ Town //	7//		
"Plemarin Lamson.	Thenosho WI	City ROWOS 119	3/11/11		
8 10 11 1 1	6918-624 Due.	□ Town			
Lender Illantion	Kendeka Min	Village KENOSHA	3/11/11		
9. (100)	6918-62 nd AUD.	□ Town	1 1		
Low Dia Malan	Kenasha Wis	accity KONOSha	13/11/11		
Jun Hum I known	57/4 60 1h ST	O Town	1 1 1		
10. Karin Pist		EXCity Kenosha	13/11/11		
J LEVIM I MALL	Kenosha, WI	Land I City Jilli	1 - 1 1 1 1 1		
Certification of Circulator					
r 2 do mal 19 Plant 16					

1. Pelovah A. Prije Certification of Circulator	, certify:
I reside at 48/6 84th St., Kinoska, Nf 53/42	Pleasant Prairie_
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I ki district represented by the officeholder named in this petition. I know that each person signed the paper we opposite his or her name. I know their respective residences given. I support this recall petition. I am aware	ith full knowledge of its content on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. (7)

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9,10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 5: 608-266-8005, https://pachwi.gov email: gab@wi.gov

§.12.13(3)(a), Wis. Stats.

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1. [1]	651 90th Court	U Town Kenosha	3/12/11		
00/01	Kenosha WI 53142	□ Village Cen OSMA SCCity	2/12/11		
21 h Bas 3	10121 64th ST	☐ Town	2/22/21		
1agh lagne	Kenosha, WI	Village Konosha	3/12/11		
3.7	7109 93 RD AVE	D Town 1/00001	2/12/11		
Jour an Kile	Kenosha, WI	O Village Kenosha	3/12/11		
4.91 1/2 1 /2 1	4813 93rd Ct	□ Town \	1.1.1.		
Nedra L'alliny	Cenoxha WI 53142	Village CM MA	3/12/11		
5. (1)	10707 93rd Belct.	□ Town /	21 1		
Littery Hopper	Kenishawi	Strike Kenusha	1312111		
6. 1) +AN	9431 68th of	□ Town			
Jan yn ano, yan	Kenzslu	Village Swith	3/12/1		
7.	9414 67th St.	□ Town	, ,		
(ATY D TIME)	Kenosha	Village Kenoshi	3/12/11		
8.	9414 67th	□ Town	_ ` ;		
Ann Hamby	Kenosha	Scily Kerwosha	3/12/11		
9. (□ Town			
Kubinder	9501 70H Strenosha	Signal Sha	3/12/11		
10.	9432 20th of Kenson	□ Town	11/1/		
quille Va	Kenssla	avoily Konssher	3/12///		
Taile II Day - Certification of Circulator					

1. JOHN H. PRIJIC Certification of Circu	llator
I reside at 4816 - 844 (name of circulator) teet tel	205ha WI 53142 Pleasant
(circulator's residence - include number, street, and munici	1,110
I personally circulated this recall petition and personally obtained each of the signatures on the district represented by the officeholder named in this petition. I know that each person signed opposite his or her name. I know their respective residences given. I support this recall petition §.12.13(3)(a), Wis. Stats.	the paper with full knowledge of its content on the date indicated

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. OO

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005. http://gab.wi.com_email: gab@wi.gov

(date)

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22" Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

(date)

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10. Wis. State.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/email:gab@wi.gov/

Please mail this form to:

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, fudicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
The name of the municipality of residence must always be listed.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1. Aska	4618 715 Street Kensyla W153142	U Town U Village Kenosho	3 , 13, 11		
2// / 10//	701857th AV #201	D Town)			
2. Kandall & Smeek	KenosItA WI	O Village KENOS/	131/H/1		
3. Bill Work	1320-970 Ave	O Town O Village KONOSVA 20 City	3/13/11		
4. Original Color of no	9801-69+1654	Town KPNOSNA	3 13 11		
5. Schurles Wason	4727 84M ST	Dicty City 3/14/1			
6. Class It Streets	5203-625+, Senisha 53142	oty /mace	3-14-11		
7. Denbara Getrons	5203-62 St ~ Kansaa W,5314	D Town	3-14-11		
8. Sanny Maricles	7942-337 coc Kenisha, Wi 53142	Uvillage Kenoshox	3-14-11		
9. Lyst	8929 24 th Are	U Town U Village U City U City	3~i4-i1		
10. Vernon Jensen	4501-89Th ST KenishaWi 53149	O Town Village K21 w5115	3-14-11		
Delocrach B. Prilic Certification of Circulator certify:					
I reside at 48/684th (record of circulator) (circulator's residence - include number, street, and municipality) I personally circulated this recall position and personally obtained each of the signatures on this pener. I know that the signature are electers of the jurisdiction are					
(circulated this recall petition and personal pe	petition. I know that each person signed the p dences given. I support this recall petition. I an	aper with full knowledge of its content of	n the date indicated		

(signature of circulator)

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Recall Wirch

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